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Endoscopic Sleeve Gastroplasty (ESG)

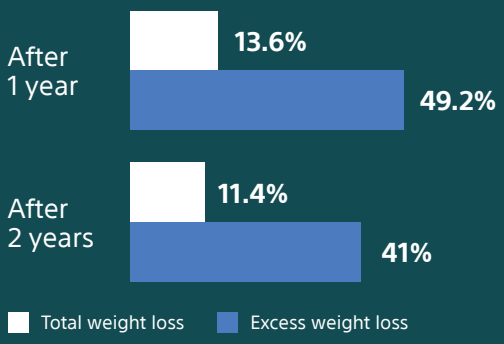
ESG: a non-surgical, non-pharmacological option

ESG fits chronic obesity management beyond medication alone.

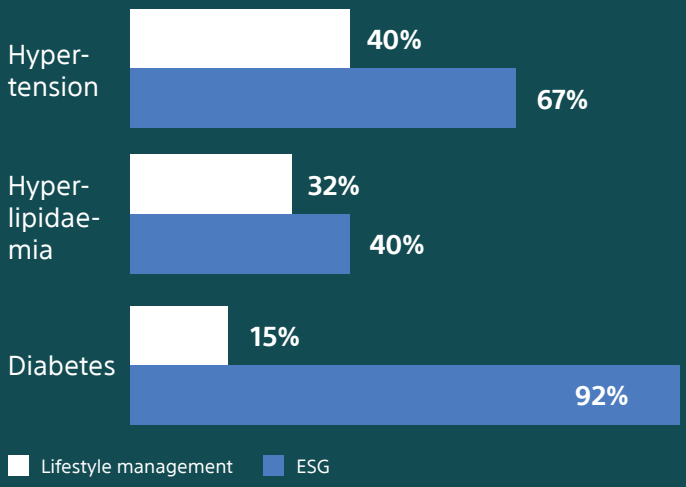
Key information for endocrinologists

- ESG can be **an additional option** to pharmacological management and bariatric surgery, helping to **fill a gap** in patient care.[1,2]
- An RCT showed **13.6% total body weight loss (TBWL) at 12 months.**[3]
- An RCT showed a **2% rate of severe adverse events.**[3]
- RCT ESG showed improvement in biomarkers for **insulin sensitivity, blood pressure, dyslipidaemia,** and other metabolic parameters.[3]
- It is particularly relevant for patients **discontinuing GLP-1 receptor agonists,** where data show high discontinuation rates and rapid weight regain.[7,8]
- ESG provides **durable benefit without continuous pharmacotherapy.**[3,4]

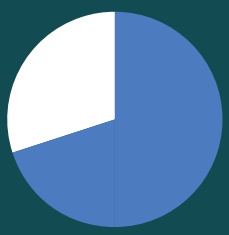
ESG is effective[3]



RCT showed improvement in biomarkers after ESG[3]



AOM is often discontinued[7]



72%
of patients discontinue GLP-1 receptor agonists by year two

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The Role of Endoscopic Sleeve Gastroplasty (ESG)

Addressing common patient questions

Is ESG an alternative to GLP-1 therapy?

For some patients, yes — especially when AOMs are discontinued/poorly tolerated.

Does ESG improve diabetes biomarkers?

A randomised controlled trial of 209 patients demonstrated meaningful improvements in glycemic markers, with clinical diabetes improvement reported in 92% (25/27) of patients in the diabetes subgroup.[3]

Can ESG improve metabolic syndrome?

Yes. In a clinical trial, over 80% of patients with metabolic syndrome who underwent ESG had improvements, compared to only about 35% of patients who relied on diet and exercise alone.[3]

How ESG is performed

- No incisions, no scars.[9]
- Under general anaesthesia.[5,9]
- Permanent sutures are placed endoscopically through the mouth to reduce stomach volume by 80%.[5]
- No gastric resection.[9]
- Preserves future treatment options.[6]

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